



# Inspection Report on

**Towyn Capel Residential Home**

**Towyn Capel Retirement Home  
Lon Towyn Capel Trearddur Bay  
Holyhead  
LL65 2TY**

## **Date Inspection Completed**

**7 June 2024**

07/06/2024

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## About Towyn Capel Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Towyn Capel Residential Home
Registered places	30
Language of the service	Both
Previous Care Inspectorate Wales inspection	27 November 2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People receive good care and support from a consistent staff team who understand their needs. People spoken with are happy with their care in the home. The home presents as clean and tidy, people can personalise their rooms with things of importance to them. We identified several rooms that need maintenance. Some areas such as the top floor need to be maintained and refreshed to enable a comfortable environment for people. Outstanding Fire Officer recommendations need to be actioned to ensure people's health and safety. Medicines management is satisfactory, and people can access and receive health care in a timely way to remain as healthy as possible. The manager is visible, care staff spoken with say they are supportive and approachable. The Responsible Individual (RI) visits the home regularly. Some work is needed to provide a detailed quality report for the service in line with regulatory requirements. Some improvement is required regarding documented evidence of supervision and support for the manager in their role from the RI and planning meetings for incidents, issues, staffing, budget, and future planning for the service.

## Well-being

People can express their preferences and have daily choices in the home. People's personal plans are largely personalised with their history, preferred routines and general preferences, some further detail regarding this would be of benefit to people. People spoken with are happy with their care, one person said, "*the food is good here and staff are kind.*" Another person told us, "*It's lovely here.*" A person's relative told us they felt the care is good and communication regarding their loved one's health is good from the home. We observed timely and sensitive care giving, care staff treat people with dignity and respect. People can access an advocate to ensure their rights as required. Care staff have been trained regarding safeguarding of vulnerable adults and are aware of local protocols. People can personalise their rooms to a high degree. People spoken with are happy with their environment. We noted some areas of the home need work regarding maintenance and updating to provide a comfortable home for people. People can sit outside in good weather and go for days out with families and friends. People would benefit from further choice regarding activities and organised events. People spoken with are happy with the food provided and told us they can access drinks and snacks as they want them.

## Care and Support

People receive thoughtful care from a familiar staff team who provide them with consistency in care. People are assessed prior to being admitted to the home to ensure their needs can be met. People can obtain an advocate if needed to maintain their rights and care staff are aware of local safeguarding protocols to keep people safe. People's preferences and history are documented in their plan of care, more in-depth detail would be of benefit to people to evidence their individualised care. Visits from health care professionals are documented as are any instructions and outcomes. People can access health care advice in a timely manner to maintain their health. Falls and accidents are reported appropriately, and risk assessments are put in place to try and mitigate further risks. We saw personal care plans and risk assessments are reviewed regularly and are updated as people's condition changes. Sensitive information is kept in a locked office to ensure confidentiality. We saw medication administration and storage is good in the home. No signature gaps were seen on people's medication charts. Medication charts are audited by the manager and results are shared with staff to encourage good practice. Medications are stored appropriately and used medications are disposed of safely. A good audit trail is maintained regarding medications which come in and go out of the home. Care staff receive medication administration training and competency testing. The local chemist provides support for the home and endeavours to deliver prescriptions in a timely way.

## Environment

People spoken with are happy with their rooms which can be personalised to a high degree. However, some work is required in areas of the home such as the top floor to maintain, update and refresh the environment for people's dignity and comfort. The service has identified areas requiring maintenance themselves, these need to be addressed in a timelier manner. Recommendations from the fire service need to be actioned to ensure people's health and safety. Work is required to ensure furniture and equipment such as bath hoists are maintained and fit for purpose. This is an area for improvement, and we expect the provider to take action.

People can access equipment needed for their care. Health and safety assessments and records for the home are frequently assessed and updated for people's safety. Utility checks such as water, gas and electricity are frequently reviewed and safety certificates were presented at our request. Fire checks are regularly performed and recorded. Indemnity insurance for the service is within date. The hygiene and infection control practices are good, and staff have access to personal protective equipment (PPE).

## Leadership and Management

The RI visits the home regularly and speaks with residents. Their visit and quality of care reports require more detail to demonstrate the views of people and staff are listened to, also, that the environment is monitored and assessed in line with the regulations. This is an area for improvement, and we expect the provider to take action. The manager said they are supported by the RI; however, we did not find any documented evidence of supervision between the RI and manager to support them in their role. We did not see evidence of communication or meetings between RI and the manager to discuss issues and future planning for the home, to ensure a continually improving service. This is an area for improvement, and we expect the provider to take action. Appropriate, updated policies are in place for care staff and are accessible to them. The service is regularly audited to ensure standards are maintained and results are shared with care staff to ensure an improving service. The Statement of Purpose document is available to people and care staff and is reviewed regularly to ensure it is up to date.

Employment practices are good with suitable checks in place to ensure care staff are appropriate to work with vulnerable adults. Training and supervision are provided to care staff to ensure good practice in their role. Care staff spoken with are happy in their work, they feel the manager is approachable and any matters are kept confidential. Care staff provide 24-hour care as per the work rota. The manager and RI told us staffing numbers are provided according to the number of people in residence and are continually reviewed.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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44	The provider has not addressed issues identified at previous inspections, in the fire officer's report or in the home's environmental audit. Environmental maintenance is required to ensure people's health and safety and to ensure they live in a pleasant, homely environment.	New
66	The RI quality reports for the service are not compliant to the regulations as they lack detail regarding any issues addressed for residents and their opinion regarding the service, any measures put in place and outcomes. The reports do not include environmental surveys and any issues addressed including outcomes. The report does not include staffing provision, supervision and training. The reports need to be sufficiently detailed to demonstrate quality measures for the service as per the regulations.	New

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